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ORIGINAL ARTICLE

Chinese primiparous women's experience of the traditional postnatal practice of "Doing the month": A descriptive method study

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Aim: "Doing the month" has been a traditionally postnatal practice that women follow for one full month after giving birth. The aim of this study was to explore Chinese primiparous women's experience of "Doing the month" and why Chinese women felt satisfied or dissatisfied with the experience.

Methods: This was a descriptive survey using open and closed questions. In total, 420 Chinese primiparous women were recruited in obstetric wards at three hospitals in Xiamen City, China. Baseline questionnaires were distributed to the participants face-to-face by the researcher on the postnatal ward at 3 days' postnatally. Follow-up questionnaires of "Doing the month" were sent via email by the researcher to the participants at 6 weeks' postnatally and were returned by the participants via email. The quantitative data were analyzed with SPSS and the qualitative data were analyzed by using a thematic text analysis.

Results: Most of the women thought that "Doing the month" after childbirth was necessary. Some women felt satisfied with "Doing the month" because their family helped them to have a good rest, they felt a sense of achievement when taking care of their baby, and that having an appreciative attitude helped them to get along with the older generations. In contrast, some women felt dissatisfied with "Doing the month" because of being tired of following taboos, having conflicts with their mother-in-law, the lack of family help and care, and undue expectations of "Doing the month."

Conclusions: In order to improve postnatal care for Chinese primiparous women, health professionals could be more aware of how health care needs to be customized to fit the special tradition of "Doing the month."

Key words: attitude, China, "Doing the month", primiparous women, satisfaction.

INTRODUCTION

Different cultures acknowledge women's transition to motherhood by using varied practices and customs (Liu, Maloni, & Petrini, 2014). Unlike postnatal women in Western countries, Chinese women have followed the traditional postnatal practice of "Doing the month" (Liu, Petrini, & Maloni, 2015; Yeh, St John, Chuang, & Huang, 2017; Yeh, St John, & Venturato, 2014). "Doing the month" has derived from the

Chinese traditional medicine beliefs of the Yin– Yang principle that women follow for one full month after giving birth called "Zuoyuezi," literally translated as "Doing the month" or "Sitting the month." It has been practiced by Chinese women for >1000 years, dating from the Song dynasty and passing down from one generation to the next (Zheng, Morrell, & Watts, 2016). In Chinese philosophy, Yin and Yang are the two opposing principles whose interaction is believed to influence everything in the universe. Yin is negative, dark, feminine, and symbolizes internality and inferiority; while Yang is positive, bright and masculine, and symbolizes externality and superiority (Liu *et al.*, 2014, 2015). If Yin and Yang are in balance,

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individuals will be in good health; otherwise, an imbalance will result in poor health.

During the postnatal period, it is acknowledged that a woman is in a state of extreme imbalance towards Yin, a weakened condition (Chu, 2005). Consequently, the woman should avoid exposure to more Ying, such as wind, cold water, and cold food. In contrast, she needs to eat more Yang-related, hot protein-rich foods that help to strengthen her body, such as fish soup and sesame oil chicken. Apart from dietary measures, in order to recover the energy that was lost from childbirth and to reduce the likelihood of developing an illness, women are asked to limit their activity at home, avoid any physical work, and they are usually accompanied by their mother-in-law or their mother for support (Gao, Chan, & Mao, 2009; Zheng, Morrell, & Watts, 2013). In terms of baby feeding, “Doing the month” emphasizes that supplementary feeding is necessary in order to give the infant more nutrition instead of exclusively breastfeeding (Raven, Chen, Tolhurst, & Garner, 2007).

Primiparous women all over the world can be confronted with stress, fatigue, poor role transition, and emotional problems, which would be injurious to their health, create a negative perception of parenting quality, and lead to ineffective parenting behaviour (Goto *et al.*, 2010; Nystrom & Ohrling, 2004). Owing to the implementation of the one-child policy during the last three decades in China, more than half of Chinese childbearing women are primiparous (Ministry of Health, China, 2010). As a result of the lack of previous parenting experience, many Chinese first-time mothers have been reported to suffer from lots of parenting problems and need more postnatal care (Gao, Chan, & Sun, 2012; Liu *et al.*, 2009; Tao, Huang, Long, Tolhurst, & Raven, 2011; Yang, 2003; Zheng, Morrell, & Watts, 2018b). Therefore, this study focused on Chinese primiparous women, rather than multiparous women.

Research findings showed that Chinese primiparous women’s experience of “Doing the month” significantly affected maternal parenting quality and mental health (Gao, Chan, You, & Li, 2010; Zheng, Morrell, & Watts, 2016). According to study results that were conducted in China, women’s satisfaction level with ‘Doing the month’ was one main factor affecting maternal self-efficacy (MSE) (Zheng, Morrell, & Watts, 2018a). First of all, the women who were satisfied with “Doing the month” could have a good physical and mental recuperation from childbirth, such as resulting from eating good nutritious food, avoiding housework, having a

good rest, and strengthening family ties. According to the theory of Bandura (1997), good physiological and emotional states positively impact on MSE scores. Second, during the period of “Doing the month,” women’s mother or mother-in-law accompanies them and possibly gives them useful suggestions for nurturing the baby. The verbal persuasion likewise could increase new mothers’ role competence (Bandura, 1997). Therefore, women with a higher satisfaction level with “Doing the month” were more likely to have a higher mean MSE score (Zheng, Morrell, & Watts, 2018a).

However, conflicting evidence of whether Chinese women were satisfied with the experience has been presented (Gao *et al.*, 2010; Hung, 2004), with no research being conducted to explore why women expressed satisfaction or dissatisfaction with the practice. Furthermore, whether the modernization of China influences women’s attitudes towards “Doing the month” has been an additional issue (Raven *et al.*, 2007; Zang & Shen, 2010). Some Chinese women thought that the experience of “Doing the month” was still necessary in modern Chinese society (Raven *et al.*, 2007); conversely, others thought that it was unnecessary to follow the practice as it was outdated (Zang & Shen, 2010). Moreover, several women had no clear attitude towards “Doing the month,” but their mother-in-law or mother had asked them to follow the practice (Matthey, Panasetis, & Barnett, 2002). Therefore, Chinese primiparous women’s satisfaction levels with “Doing the month,” their attitudes towards “Doing the month,” and why they felt satisfied or dissatisfied with the practice were worthy of being researched and presented here to address a gap in the evidence in order to improve postnatal care.

METHOD

Design

A descriptive survey using closed- and open-ended questions was adopted to explore primiparous women’s experience of “Doing the month.”

Setting and recruitment

From June to July, 2013, recruitment was conducted in the obstetric wards of the three hospitals in Xiamen City, Fujian Province, China. Each study hospital has 90–100 beds and ~2000 annual live births. After gaining research permission, an introductory research presentation was offered to all nurses in the settings.

Posters and leaflets were distributed strategically to inform all women and their family members once they were admitted to the obstetric wards in the three hospitals. The eligibility criteria for selection were: postnatal women; ≥ 18 years; first-time mothers with a healthy full-term infant; Chinese in the Xiamen area during the study period; able to speak, read, and write in Mandarin; and women and their baby did not have a severe illness. The eligible women were approached by the researcher as early as possible after childbirth to enable them to have enough time (at least 1 day) to read the information sheet and think about participation before providing their written consent to take part. Written informed consent from all the participants was gained by the researcher before data collection.

Data collection

The baseline questionnaires, including maternal age, educational level, occupation, family income, mode of birth, and the baby's sex, to measure the participants' sociodemographic and clinical characteristics were distributed to the participants face-to-face by the researcher in the obstetric wards 3 days' postnatally and the contact details of the participants, such as their email address, mailing address, and phone number, also were collected. The baseline questionnaires and participants' contact details were completed and returned to the researcher by the participants on the same day. Then, the questionnaires of "Doing the month" were sent by email or mail (depending on the participant's choice) to them at 6 weeks' postnatally. It included how satisfied with the experience of "Doing the month," in which there was one item asking the mother to provide her opinion on how satisfied with her experience of "Doing the month" was; the 0–100 score continuum was used and a higher score indicated more satisfaction with "Doing the month." The women's attitudes towards "Doing the month" were measured similarly in the questionnaires, asking the Chinese women whether they thought that the experience of "Doing the month" was still necessary in modern Chinese society, whether it was outdated, or whether they had no preference about "Doing the month." The open question of "Why women felt satisfied or dissatisfied with the experience of "Doing the month?" also was included in the questionnaires of "Doing the month." In order to improve the response rate, a text or telephone call reminder (depending on the participant's choice) was given to participants at

5 and 7 weeks' postnatally during the 6 week questionnaire distribution.

Data analysis

The data were entered, checked, and cleaned by the researchers for the development of the dataset before the data analysis. After the dataset was closed, a quantitative statistical analysis (Field, 2009) was completed by using IBM SPSS software (v. 21.0; IBM Corporation, Armonk, NY, USA). In this study, the categorical variables, such as educational level, family income, and women's attitudes towards "Doing the month," were presented as frequencies and proportions and the continuous variables, such as maternal age and women's satisfaction with "Doing the month" scores, were described by means and standard deviations (SDs).

Regarding the prevalence of the dissatisfaction and satisfaction of "Doing the month," the cut-off points of 50 and 70 were determined, respectively, because the women who scored < 50 were prone to give reasons as to why they felt dissatisfied or strongly dissatisfied with their experience of "Doing the month" in the open questionnaire and the women who scored > 70 were more likely to give explanations as to why they felt satisfied or strongly satisfied with their experience of "Doing the month."

In terms of the open question of "Why women felt satisfied or dissatisfied with the experience of "Doing the month?," a thematic text analysis using manual coding (Green & Thorogood, 2004) was conducted by the researchers. Analyzing the open-question data in Chinese occurred simultaneously as the data collection was proceeding. The analysis result of the open questions was returned to the participants for comment and/or correction to ensure its reliability. For the data analysis results of the open questions, the translations from Chinese to English were undertaken by the researcher, which had the advantage of translation consistency and improved the conceptual congruency.

Ethical considerations

Ethical approval for this study was approved by the ethical review boards at the authors' institution and the three hospitals in April and May, 2013. Three ethical issues, including informed consent, protecting confidentiality or anonymity, and causing no harm to the primiparous women, were considered when conducting this study.

RESULTS

In total, 420 baseline questionnaires were distributed and 416 with usable data were collected (response rate: 99.0%, 416/420) at 3 days' postnatally. After the socio-demographic and clinical data were collected, 416 questionnaires of "Doing the month" were distributed at 6 weeks' postnatally and 304 questionnaires were returned by email (response rate: 73.1%, 304/416). The non-response rate was 26.9% (112/416) and the reasons for the non-responses were: an incorrect telephone number leading to the text reminders not being received (8.9%, 10/112); the participants reported having no time to complete the questionnaires when they replied to the researcher via text message (39.3%, 44/112); and no reason (51.8%, 58/112). According to the participants' self-report, the time taken for the participants to complete the baseline questionnaire and the questionnaire of "Doing the month" was ~5 min and 20 min, respectively.

The mean age of the women who responded to the questionnaires of "Doing the month" ($n = 304$) was 27.28 (SD = 3.22) years. Over half (61.8%, 188/304) of the women had a tertiary education, 71.4% (217/304) of the participants were in a skilled occupation, and 44.1% (134/304) of the women had a family income of >5000 yuan (US\$791)/per month/per person. When examining the birth outcomes, almost half (49.7%, 151/304) of the participants had a normal vaginal birth and 56.3% (171/304) of the women had a male infant.

Women's satisfaction level with the experience of "Doing the month"

The mean score of how satisfied the women were with "Doing the month" was 68.73 (SD = 17.65), where 0 = "strongly dissatisfied" and 100 = "strongly satisfied," and of which 23.0% (70/304) scored <50 and 47.4% (144/304) scored >70).

Women's attitudes towards "Doing the month"

The women's attitudes towards "Doing the month" are shown in Table 1, which illustrates that most women (91.4%, 278/304) thought that "Doing the month" after childbirth was necessary and followed it up on their own initiative; only 8.6% (26/304) of the women chose the option that they thought "Doing the month" did not matter, but their mother-in-law or mother did think that it was necessary and they had to follow it.

Table 1 Women's attitudes towards "Doing the month" ($n = 304$)

Variable	Frequency	%
Necessary	278	91.4
Unnecessary	0	0.0
Does not matter	26	8.6

Why women felt satisfied or dissatisfied with "Doing the month"

In total, 61.2% (186/304) of the women answered the open question of why women felt satisfied or dissatisfied with the experience of "Doing the month." The socio-demographic and clinical characteristics of these respondents and the categories and themes of the open question are reported in the subsequent sections.

Sociodemographic and clinical characteristics of the respondents who answered the open question

Table 2 shows a summary of the sociodemographic and clinical characteristics of the respondents who answered the open question. These respondents when giving birth were varied in age, educational level, occupation, family income, mode of delivery, and their baby's sex. Variation sampling was beneficial in order to gain greater insights into a phenomenon by looking at it from all angles and helped the researcher to identify the common themes in the open question that were evident across the sample.

Categories and themes on why the women felt satisfied or dissatisfied with "Doing the month"

A total of two categories and eight main themes were generated from the related codes of the open-question responses. Table 3 provides an overview of the categories and themes. Examples of the data, such as direct quotations, to illustrate the themes are described in the following sections.

Why the women felt satisfied with "Doing the month". First, 26.3% (49/186) of the women thought that their family was giving them a lot of support and they could have a good rest, which enabled them to recover after childbirth, and 13 (7.0%) of the women noted that they felt happy because their mother accompanied them. For example, one woman said:

I was very happy during the period of "Doing the month." Every day, there were some people that looked after me and gave me encouragement. My husband

Table 2 Sociodemographic and clinical characteristics of the open-question respondents ($n = 186$)

Variable	Frequency	%
Age when giving birth (years)		
20–25	56	30.1
26–30	113	60.8
31–40	17	9.1
Educational level		
Middle school or lower	18	9.7
High school	45	24.2
University/college or higher	123	66.1
Occupation		
Professional	13	7.0
Skilled	136	73.1
Unskilled	8	4.3
Unemployed	29	15.6
Family income (RMB per month, per person)		
<3000 yuan	30	16.1
3001–5000 yuan	74	39.8
>5000 yuan	82	44.1
Mode of birth		
Normal vaginal birth	90	48.4
Assisted birth	44	23.7
Cesarean section	52	27.9
Infant's sex		
Male	102	54.8
Female	84	45.2

loved me and often told me, "Well done." My mother-in-law loved my baby and helped me take care of her. I felt happy.

Another woman described:

My mum loved me most. She did all the housework and was very protective towards me. I thought that I

Table 3 Categories and themes of the participants' open-question responses ($n = 186$)

Category	Themes
Why women felt satisfied with "Doing the month"	1. Support and rest 2. Sense of achievement 3. Positive thinking 4. Appreciative attitudes
Why women felt dissatisfied with "Doing the month"	1. Being tired of taboos 2. Conflicts with the mother-in-law 3. Lack of family help and care 4. Undue expectations

have had a really sheltered life during this period. I was filled with happiness every day, which had not happened before.

Second, 11.3% (21/186) of the women stated that they had gained a great sense of achievement when taking the initiative in the care of their baby. For instance, one woman said:

I took the initiative in taking care of my baby and did not want to depend on my mum too much. No pains, no gains. Now, my baby was healthy and sweet. He grew every day. I was so proud of him and felt a strong sense of accomplishment and happiness, even though I was tired.

Another woman described:

I made great progress in parenting my baby and I felt so happy. I was a good mother and I thought my child was the most beautiful and cute baby in the world. You could not imagine how exciting being a new mother was and how happy in the face of new life I was.

Third, some women ($n = 18$) described their feeling that they thought thinking positively was of importance for a better experience of "Doing the month." One mother answered:

Happiness and exhaustion, mixed with each other, when experiencing "Doing the month." Things had two sides. My family members looked after me and my baby; however, I had to deal with potential and real conflict with them. It was life. I needed to modify my mood and always thought positively for everything.

Fourth, some women ($n = 13$) referred to how having an appreciative attitude helped them to get along with the older generations and made them feel more satisfied with the practice. One mother said:

In my opinion, women should be extremely thankful and thoughtful for their mother or mother-in-law because it was really not easy for them to help new mothers take care of babies and do housework at their elder age. Honestly speaking, I really appreciated what my mother-in-law had done for me and my baby. That made us have a good relationship, even though some conflicts between my mother-in-law and me did exist.

Why the women felt dissatisfied with "Doing the month". First of all, a general feeling of being tired of taboos was evident in this group of women. In total,

38.2% (71/186) of the women complained about being forbidden to wash their hair or bathe and they detested eating too much protein-rich food, as illustrated in the following quotation:

The experience of “Doing the month” was more uncomfortable than I expected; for example, I cannot wash my hair in summer during the 1 month period. However, I had to persist as it was beneficial to my well-being in the future. Fortunately, it ended after 1 month.

Another mother described:

I drank fish soup in three meals every day. I hoped to get rid of it. But, if I did not drink, my mum would keep complaining and make me crazy. Now, when I imagine this soup, I still feel sick.

Second, 22.0% (41/186) of the women stated that they were in conflict with their mother-in-law in terms of beliefs about taking care of the baby. In Chinese culture, maintaining family harmony by respecting the elders' wishes is expected of all young adults (Tang, 1992). This expectation became problematic for many participants during the postnatal period, as their elders' advice and guidance were usually inconsistent with their own desires (Tarrant *et al.*, 2004). This was illustrated in the following quotation:

I prefer to exclusively breastfeed, but my mother-in-law thought supplementary feeding was better. When I fed my baby, she always complained that I could not feed the baby up only by my breast milk and said that I was stubborn.

This theme was reinforced by another participant:

The relationship between my mother-in-law and me was destroyed during the period of “Doing the month” because of lots of conflicts, in terms of rearing the baby and our generation gap on life habits. For example, I preferred to clean utensils by an automatic washer. But, my mother-in-law thought this method wasted too much water and electricity and asked me to clean them by hand. Lots of similarly unhappy things happened. I cried many times and could not deal with our problems. I thought I would never forgive her.

Third, 11.3% (21/186) of the women thought that the family did not give them enough, or any support, during this period. For instance, one woman said:

Our Chinese people pay more attention to “Doing the month” and thought it was extremely significant for

women. But, most of the time, I felt very depressed and disappointed. At my mother-in-law's home, no one helped me and cared for me and I had to deal with everything.

One woman expressed dissatisfaction with her husband's lack of attention:

My husband did not look after me and our baby and he was not thoughtful. He trusted his mother rather than me.

The other woman described:

I felt unhappy because of my husband. I thought he was indifferent. Before the day that I was admitted to hospital, he quarreled with me. After childbirth, he accompanied me, but with no care, no greeting. When I asked him to do me a favor, he was impatient about it. Before having the baby, we loved each other so much, so I am extremely disappointed with him now. I knew he was dissatisfied with having a girl. I thought it was the main reason of his indifference.

In addition, 10.8% (20/186) of the women stated that they had high expectations for “Doing the month” and excessively relied on other family members for parenting their baby. This undue expectation on “Doing the month” led to their negative feeling with the experience. This was illustrated in the following quotation:

In recent days, I always thought why I was unhappy during the period of “Doing the month.” I did not think that should be happening as my husband and my mum always accompanied me and took care of me and my baby. Now I got it. The main reason was that I had unrealistic expectation[s] towards “Doing the month”. I thought I should be the queen during the period of [the] 1 month, but actually I was not. I lost myself. I was excessively depending on my family members to take care of the baby and overlooked my own responsibility as a mum.

Another woman complained:

My mother-in-law supported me to take care of my baby. But, I did not think it was enough. She should take care of the baby by herself as I needed to have a complete rest during [the] 1 month to make sure of a good recovery from childbirth. My friend did not do anything in her “Doing the month.” Why could I not?

DISCUSSION

Chinese women's attitudes towards "Doing the month"

The majority of women in this study thought that "Doing the month" was necessary after labor and followed it on their own initiative. The results demonstrated that this traditional practice still was strongly adhered to and prevailed in the modern society of China, which was consistent with other research findings that have been undertaken in China or other countries where Chinese migrant women lived (Liu *et al.*, 2014, 2015; Raven *et al.*, 2007; Wang *et al.*, 2009). For example, Wang *et al.* (2009) found that most Chinese women adhered to these practices in the mainland. Among these women, 99% did not do any heavy work or exercise, 98% did not touch cold water, and >90% of the women did not eat any "cold" food during the period of "Doing the month". Even for immigrant Chinese women in Western countries, 90.2% of the women had followed some form of practice and all of them had said that they believed in the necessity and health value of "Doing the month" (Matthey *et al.*, 2002).

Despite China's modernization, the explanation of why Chinese women still follow these traditional practices may be attributed, as follows. First, it is the respect for tradition and following the advice of elders that appears to influence women (Raven *et al.*, 2007). Previous research has found that a woman's mother or mother-in-law was regarded as the person who "checked up on" whether the new mother was adhering to these practices (Matthey *et al.*, 2002). Older women, particularly mothers and mothers-in-law, have significant power and are a major influence on the postnatal care of new mothers, as Chinese persons highly value harmony in the family, with deference to the older generations (Leung, Arthur, & Martinson, 2005). Second, the woman and/or her husband desire "Doing the month" (Matthey *et al.*, 2002), as there is a widespread emphasis that it properly safeguards women's future health (Raven *et al.*, 2007). For example, most Chinese women believe that the practices of "Doing the month" help mothers to restore their health and protect them from future disease (Cheung *et al.*, 2006; Holroyd *et al.*, 2004; Liu *et al.*, 2015). Third, "Doing the month" is well supported by modern society in China. Even though modern Chinese women receive formal scientific and modern education, they have been exposed to traditional cultural practices. In fact, lessons on the importance of "Doing the month" are commenced at a young age for all children through traditional Chinese

medicine that teaches the idea of balancing the Yin-Yang elements in the body. This informal education is strengthened by information that is obtained through the media (Zheng *et al.*, 2016). Moreover, the Law of Special Provisions on Labor Protection of Female Employees states that Chinese women have 98 days of paid maternity leave from their job (State Council of China, 2012), which provides them with enough time to carry out the practice of "Doing the month" (Zheng, Morrell, & Watts, 2013).

This research recommends that culturally specific practices and sensitivity could play an important role in nursing practice. At present, health professionals provide health care within an increasingly multicultural and global society. As various researchers have recommended (Leininger & McFarland, 2006), high-quality health care can occur within a patient's cultural context to meet different values, preferences, and expressed needs (Institute of Medicine, 2003). Therefore, understanding the common Chinese practice of "Doing the month" might assist nurses or midwives in the improvement of postnatal care and in understanding, for example, Chinese women's reluctance to get out of bed after delivery and their refusal of certain foods during the postnatal period (Liu *et al.*, 2015).

How to improve Chinese women's satisfaction level with "Doing the month"

Nearly one-quarter of the women felt dissatisfied or very dissatisfied with the experience of "Doing the month" in this study, which was consistent with other research for Chinese women (Gao *et al.*, 2010; Leung *et al.*, 2005). Possible explanations for these findings might be related to differences in the values and belief systems between new mothers and their mother or mother-in-law during the period of "Doing the month," especially in terms of different life habits, methods, and knowledge of parenting. In present mainland China, most of the younger women tend to prefer the modern lifestyle and caring for a baby (Gao, Sun, & Chan, 2014). However, their mother-in-law or mother might have retained traditional Chinese values and customs (Gao *et al.*, 2014). For example, in the winter, grandparents simply do not take children outdoors, as they think that babies will catch cold outdoors, while young parents think that babies need to go out from time to time, so that their immune system can get used to all kinds of germs (Global Times, 2013). Furthermore, new babies were possibly more precious to their grandparents and would be easily spoilt by them (Chen & Ma,

2002). These differences had resulted in family conflicts being reported often as a source for dissatisfaction.

Second, asking women to follow taboos, such as being forbidden to wash their hair or bathe also led to their unhappiness about “Doing the month.” Third, although “Doing the month” had resulted in much debate, Chinese women did acquire more support and help from their family after childbirth than did most women in Western countries (Hung, 2004). However, some Chinese women had high expectations for “Doing the month” and excessively relied on other family members and overlooked their own responsibilities that they should have been the primary caregiver in parenting their baby. These undue expectations on “Doing the month” for Chinese women appeared to result in inflating the dissatisfied feeling with the experience of this time (Zheng *et al.*, 2016).

The themes of the open question concerning why women felt satisfied or dissatisfied with the experience of “Doing the month” indicated some key factors that influenced Chinese women’s assessment of their experience of “Doing the month.” In order to improve satisfaction levels with “Doing the month” that positively affect maternal parenting quality and mental health (Gao *et al.*, 2010; Zheng *et al.*, 2016), obstetric nurses could provide enhanced support and education to both postnatal women and their family during hospitalization. First, targeted education regarding how to provide support for the new mother could be provided to women’s family, especially the mother and mother-in-law and husband. This might enable the women to have a good recovery after childbirth that significantly improves their satisfaction level with “Doing the month” (Zheng, Morrell, & Watts, 2018a). Second, by encouraging new mothers to have a more objective opinion on “Doing the month,” this could help them to have a good rest and strengthen family ties. This positive attitude also could negate the issues of following taboos and dealing with conflicts with an older generation (Zheng, Morrell, & Watts, 2013). Third, even though there were huge discrepancies between the approaches of the two generations about nurturing babies, probably leading to family conflicts, having an appreciative attitude towards the older generations would be beneficial in helping the women through this period and be of great importance in having a better experience of “Doing the month.” Lastly, regardless of whether women’s family members give them more or less help during the period of “Doing the month,” as the first main caregiver of the infant (Gage, Everett, & Bullock, 2006), the women could be suggested to take the initiative in taking care of their baby, rather than excessively depending on their mother-in-law or mother. By

adopting this practice, it could help women to gain a greater sense of achievement from parenting and increase their satisfaction level with “Doing the month,” as some women described in this study.

CONCLUSION

The findings of this study implied that “Doing the month” was still popular in modern society, as most Chinese women followed these traditional practices. Therefore, in order to improve postnatal care, health professionals who care for Chinese postpartum women in China or in other countries where Chinese women live could be more aware of how health care for these mothers can be customized to fit the special postnatal cultural traditions of “Doing the month.”

New evidence from this study regarding the key factors that influence Chinese women’s assessment of their satisfaction level with “Doing the month” has been identified. These factors can be used to develop recommendations and/or interventions to improve Chinese women’s satisfaction with “Doing the month” for health professionals in the postnatal period. For example, health professionals could suggest primiparous women’s family members to give them greater support and suggest to the women to have an appreciative attitude in order to get along with their mother-in-law or mother and to take the initiative in taking care of their baby, rather than excessively depending on their mother-in-law or mother.

However, as in studies of this nature, the respondents were the women who were willing to respond to the closed and open questionnaire and some less-motivated mothers or those who were less satisfied with the experience of “Doing the month” might have been prone to be non-respondents, which could lead to a bias in the study. Moreover, the sensitivity and specificity of the item to identify the cut-off point of the satisfaction and dissatisfaction of “Doing the month” was not tested, possibly resulting in some bias. Furthermore, owing to financial and time limitations, this study was limited only to the primiparous women in Xiamen City. Therefore, there is a need for further research to be undertaken by interviews or focus groups for primiparous and multiparous women in different cities in China.

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DISCLOSURE

The authors declare no conflict of interest.

AUTHOR CONTRIBUTIONS

X. J. Z., J. M., and K. W. contributed to the study design; X. J. Z. was responsible for the data collection; X. J. Z., K. W., and J. M. contributed to the data analysis and the manuscript's preparation; X. J. Z., K. W., and J. M. revised the manuscript.

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